

# **278 Health Care Services Review Information - Request**

**HIPAA/V5010X217/278 : 278 Health Care Services Review Information -  
Request**

**Version: 1.1**

<b>Company:</b>	<b>Kepro</b>
<b>Publication:</b>	<b>12/4/2015</b>

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# 278 Health Care Services Review Information - Request

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## Functional Group=HI

**Purpose:** This X12 Transaction Set contains the format and establishes the data contents of the Health Care Services Review Information Transaction Set (278) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to transmit health care service information, such as subscriber, patient, demographic, diagnosis or treatment data for the purpose of request for review, certification, or. Expected users of this transaction set are payors, plan sponsors, providers, utilization management and other entities involved in health care services review.

### Heading:

<u>Page</u>	<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
5	0100	ST	Transaction Set Header Beginning of Hierarchical	M	1		Required
6	0200	BHT	Transaction	M	1		Required

### Details:

# ST Transaction Set Header

Pos: 0100	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 3

**User Option (Usage):** Required

**Purpose:** To indicate the start of a transaction set and to assign a control number

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ST01	Transaction Set Identifier Code	M	ID	3/3	Required

**Description:** Code uniquely identifying a Transaction Set

**Code List Summary** (Total Codes: 318, Included: 1)

<u>Code</u>	<u>Name</u>
278	Health Care Services Review Information

ST02	Transaction Set Control Number	M	AN	4/9	Required
------	--------------------------------	---	----	-----	----------

**Description:** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set

ST03	Implementation Convention Reference	O	AN	1/35	Required
------	-------------------------------------	---	----	------	----------

**Description:** Reference assigned to identify Implementation Convention

## Semantics:

1. The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).
2. The implementation convention reference (ST03) is used by the translation routines of the interchange partners to select the appropriate implementation convention to match the transaction set definition. When used, this implementation convention reference takes precedence over the implementation reference specified in the GS08.

## Example:

ST\*278\*918171340\*005010X217~

# BHT Beginning of Hierarchical Transaction

Pos:0200	Max: 1
Mandatory	
Loop: N/A	Elements:6

**User Option (Usage):** Required

**Purpose:** To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>										
BHT01	<b>Hierarchical Structure Code</b>	M	ID	3/3	Required										
<p><b>Description:</b> Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set</p> <p><b>Code List Summary</b> (Total Codes: 81, Included: 1)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>0007</td> <td>Information Source, Information Receiver, Subscriber, Dependent, Event, Services</td> </tr> </tbody> </table>						<u>Code</u>	<u>Name</u>	0007	Information Source, Information Receiver, Subscriber, Dependent, Event, Services						
<u>Code</u>	<u>Name</u>														
0007	Information Source, Information Receiver, Subscriber, Dependent, Event, Services														
BHT02	<b>Transaction Set Purpose Code</b>	M	ID	2/2	Required										
<p><b>Description:</b> Code identifying purpose of transaction set</p> <p><b>Code List Summary</b> (Total Codes: 66, Included: 1)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>11</td> <td>Response</td> </tr> </tbody> </table>						<u>Code</u>	<u>Name</u>	11	Response						
<u>Code</u>	<u>Name</u>														
11	Response														
BHT03	<b>Reference Identification</b>	O	AN	1/50	Required										
<p><b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier</p>															
BHT04	<b>Date</b>	O	DT	8/8	Required										
<p><b>Description:</b> Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year</p>															
BHT05	<b>Time</b>	O	TM	4/8	Required										
<p><b>Description:</b> Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)</p>															
BHT06	<b>Transaction Type Code</b>	O	ID	2/2	Required										
<p><b>Description:</b> Code specifying the type of transaction</p> <p><b>Code List Summary</b> (Total Codes: 534, Included: 4)</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>18</td> <td>Response - No Further Updates to Follow</td> </tr> <tr> <td>19</td> <td>Response - Further Updates to Follow</td> </tr> <tr> <td>AT</td> <td>Administrative Action</td> </tr> <tr> <td>RU</td> <td>Medical Services Reservation</td> </tr> </tbody> </table>						<u>Code</u>	<u>Name</u>	18	Response - No Further Updates to Follow	19	Response - Further Updates to Follow	AT	Administrative Action	RU	Medical Services Reservation
<u>Code</u>	<u>Name</u>														
18	Response - No Further Updates to Follow														
19	Response - Further Updates to Follow														
AT	Administrative Action														
RU	Medical Services Reservation														

**Semantics:**

1. BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.
2. BHT04 is the date the transaction was created within the business application system.
3. BHT05 is the time the transaction was created within the business application system.

**Example:**

BHT\*0078\*13\*325620493155368\*20151112\*164601\*RU~

# Loop Utilization Management Organization (UMO) Level

Pos: 0100	Repeat: 1
Mandatory	
Loop: 2000A	Elements: N/A

**User Option (Usage):** Required

**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
0100	HL	Utilization Management Organization (UMO) Level	M	1		Required
1700		Loop 2010A	O		1	Required

# HL Utilization Management Organization (UMO) Level

Pos: 0100	Max: 1
Detail - Mandatory	
Loop: 2000A	Elements: 3

**User Option (Usage):** Required

**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	Hierarchical ID Number	M	AN	1/12	Required

**Description:** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

HL03	Hierarchical Level Code	M	ID	1/2	Required
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**Description:** Code defining the characteristic of a level in a hierarchical structure

**Code List Summary** (Total Codes: 250, Included: 1)

<u>Code</u>	<u>Name</u>
20	Information Source

HL04	Hierarchical Child Code	O	ID	1/1	Required
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**Description:** Code indicating if there are hierarchical child data segments subordinate to the level being described

**All valid standard codes are used. (Total Codes: 2)**

## Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

## Example:

HL\*1\*\*20\*1~

# Loop Utilization Management Organization (UMO) Name

Pos: 1700	Repeat: 1
Optional	
Loop: 2010A	Elements: N/A

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
1700	NM1	Utilization Management Organization (UMO) Name	O	1		Required

# NM1 Utilization Management Organization (UMO) Name

Pos: 1700	Max: 1
Detail - Optional	
Loop: 2010A	Elements: 8

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	Entity Identifier Code	M	ID	2/3	Required

**Description:** Code identifying an organizational entity, a physical location, property or an individual

**Code List Summary** (Total Codes: 1500, Included: 4)

<u>Code</u>	<u>Name</u>
2B	Third-Party Administrator
36	Employer
PR	Payer
X3	Utilization Management Organization

NM102	Entity Type Qualifier	M	ID	1/1	Required
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**Description:** Code qualifying the type of entity

**Code List Summary** (Total Codes: 16, Included: 2)

<u>Code</u>	<u>Name</u>
1	Person
2	Non-Person Entity

NM103	Name Last or Organization Name	X	AN	1/60	Situational
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**Description:** Individual last name or organizational name

NM104	Name First	O	AN	1/35	Situational
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**Description:** Individual first name

NM105	Name Middle	O	AN	1/25	Situational
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**Description:** Individual middle name or initial

NM107	Name Suffix	O	AN	1/10	Situational
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**Description:** Suffix to individual name

NM108	Identification Code Qualifier	X	ID	1/2	Required
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**Description:** Code designating the system/method of code structure used for Identification Code (67)

**Code List Summary** (Total Codes: 241, Included: 5)

<u>Code</u>	<u>Name</u>
24	Employer's Identification Number
34	Social Security Number
46	Electronic Transmitter Identification Number (ETIN)



# Loop Requester Level

Pos: 0100	Repeat: 1
Optional	
Loop: 2000B	Elements: N/A

**User Option (Usage):** Situational

**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
0100	HL	Requester Level	O	1		Situational
1700		Loop 2010B	O		2	Required

# HL Requester Level

<b>Pos: 0100</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000B</b>	<b>Elements: 4</b>

**User Option (Usage):** Situational

**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	<b>Hierarchical ID Number</b>	M	AN	1/12	Required
	<b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure				
HL02	<b>Hierarchical Parent ID Number</b>	O	AN	1/12	Required
	<b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to				
HL03	<b>Hierarchical Level Code</b>	M	ID	1/2	Required
	<b>Description:</b> Code defining the characteristic of a level in a hierarchical structure				
	<b>Code List Summary (Total Codes: 250, Included: 1)</b>				
	<u>Code</u>	<u>Name</u>			
	21	Information Receiver			
HL04	<b>Hierarchical Child Code</b>	O	ID	1/1	Required
	<b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described				
	<b>All valid standard codes are used. (Total Codes: 2)</b>				

## Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

## Example:

HL\*2\*1\*21\*1~

# Loop Requester Name

Pos: 1700	Repeat: 2
Optional	
Loop: 2010B	Elements: N/A

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
1700	NM1	Requester Name	O	1		Required
1800	REF	Requester Supplemental Information	O	1		Required
2000	N3	Requester Address	O	1		Situational
2100	N4	Requester City/State/Zip Code	O	1		Situational

# NM1 Requester Name

<b>Pos: 1700</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2010B</b>	<b>Elements: 8</b>

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	<b>Entity Identifier Code</b>	M	ID	2/3	Required
<b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual					
<b>Code List Summary</b> (Total Codes: 1500, Included: 2)					
	<u>Code</u>		<u>Name</u>		
	1P		Provider		
	FA		Facility		
NM102	<b>Entity Type Qualifier</b>	M	ID	1/1	Required
<b>Description:</b> Code qualifying the type of entity					
<b>Code List Summary</b> (Total Codes: 16, Included: 2)					
	<u>Code</u>		<u>Name</u>		
	1		Person		
	2		Non-Person Entity		
NM103	<b>Name Last or Organization Name</b>	X	AN	1/60	Situational
<b>Description:</b> Individual last name or organizational name					
NM104	<b>Name First</b>	O	AN	1/35	Situational
<b>Description:</b> Individual first name					
NM105	<b>Name Middle</b>	O	AN	1/25	Situational
<b>Description:</b> Individual middle name or initial					
NM107	<b>Name Suffix</b>	O	AN	1/10	Situational
<b>Description:</b> Suffix to individual name					
NM108	<b>Identification Code Qualifier</b>	X	ID	1/2	Required
<b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)					
<b>Code List Summary</b> (Total Codes: 241, Included: 4)					
	<u>Code</u>		<u>Name</u>		
	24		Employer's Identification Number		
	34		Social Security Number		
	46		Electronic Transmitter Identification Number (ETIN)		
	XX		Centers for Medicare and Medicaid Services National Provider Identifier		
NM109	<b>Identification Code</b>	X	AN	2/80	Required

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
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**Description:** Code identifying a party or other code

**External Code List**

**Name:** 537

**Description:** Centers for Medicare and Medicaid Services National Provider Identifier

**Syntax Rules:**

1. P0809 - If either NM108 or NM109 is present, then the other is required.
2. C1110 - If NM111 is present, then NM110 is required.
3. C1203 - If NM112 is present, then NM103 is required.

**Semantics:**

1. NM102 qualifies NM103.

**Comments:**

1. NM110 and NM111 further define the type of entity in NM101.
2. NM112 can identify a second surname.

**Example:**

NM1\*FA\*2\*WINCHESTER CLINIC\*\*\*\*\*XX\*1234567893~

# REF Requester Supplemental Info

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2010B	Elements: 2

**User Option (Usage):** Situational

**Purpose:** To allow the transmission of secondary identification numbers when necessary to further identify the requester to the UMO.

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	Reference Identification Qualifier	O	AN	1/12	Required

**Description:** Code qualifying the Reference Identification  
**Code List Summary** (Total Codes 241, Included: 4)

<u>Code</u>	<u>Name</u>
24	Employer's Identification Number
34	Social Security Number
46	Electronic Transmitter Identification Number (ETIN)
XX	Centers for Medicare and Medicaid Services National Provider Identifier

REF02	Requester Supplemental Identifier	O	AN	1/12	Required
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**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

## Example:

REF\*24\*541979321~

# N3 Requester Address

Pos: 2000	Max: 1
Detail - Optional	
Elements: 2	
2010B	

Loop:

**User Option (Usage):** Situational

**Purpose:** To identify the requester's street address

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	<b>Requester Address Line 1</b> Description: Requester Address Line	O	AN	1/1	Required
N302	<b>Requester Address Line 2</b> Description: Requester Address Line	O	AN	1/1	Situational

## Example:

N3\*158 FRONT ROYAL RD STE 200\*NORTHWESTERN CSB~

# N4 Requester City/State/Zip Code

Pos: 2100	Max: 1
Detail - Optional	
Loop: 2010B	Elements: 3

**User Option (Usage):** Situational

**Purpose:** To identify the requester's city, state, and ZIP Code

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	<b>Requester City</b> Description: Requester City	O	AN	1/1	Required
N402	<b>Requester State</b> Description: Requester State	O	AN	1/1	Situational
N403	<b>Requester Zip Code</b> Description: Requester Zip code	O	AN	1/1	Situational

## Example:

N4\*HAMPTON\*VA\*226024324~

# Loop Subscriber Level

Pos: 0100	Repeat: 1
Optional	
Loop: 2000C	Elements: N/A

**User Option (Usage):** Situational

**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
0100	HL	Subscriber Level	O	1		Situational
1700		Loop 2010C	O		1	Required

# HL Subscriber Level

Pos: 0100	Max: 1
Detail - Optional	
Loop: 2000C	Elements: 4

**User Option (Usage):** Situational

**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	<b>Hierarchical ID Number</b>	M	AN	1/12	Required
	<b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure				
HL02	<b>Hierarchical Parent ID Number</b>	O	AN	1/12	Required
	<b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to				
HL03	<b>Hierarchical Level Code</b>	M	ID	1/2	Required
	<b>Description:</b> Code defining the characteristic of a level in a hierarchical structure				
	<b>Code List Summary</b> (Total Codes: 250, Included: 1)				
	<u>Code</u>	<u>Name</u>			
	22	Subscriber			
HL04	<b>Hierarchical Child Code</b>	O	ID	1/1	Required
	<b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described				
	<b>All valid standard codes are used. (Total Codes: 2)</b>				

## Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

## Example:

HL\*3\*2\*22\*1~

# Loop Subscriber Name

Pos: 1700	Repeat: 1
Optional	
Loop: 2010C	Elements: N/A

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
1700	NM1	Subscriber Name	O	1		Required
1800	REF	Subscriber Supplemental Information	O	1		Required
2500	DMG	Subscriber Demographic Information	O	1		Required

# NM1 Subscriber Name

<b>Pos: 1700</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2010C</b>	<b>Elements: 9</b>

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	<b>Entity Identifier Code</b>	M	ID	2/3	Required
	<b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual				
	<b>Code List Summary</b> (Total Codes: 1500, Included: 1)				
	<u>Code</u>	<u>Name</u>			
	IL	Insured or Subscriber			
NM102	<b>Entity Type Qualifier</b>	M	ID	1/1	Required
	<b>Description:</b> Code qualifying the type of entity				
	<b>Code List Summary</b> (Total Codes: 16, Included: 1)				
	<u>Code</u>	<u>Name</u>			
	1	Person			
NM103	<b>Name Last or Organization Name</b>	X	AN	1/60	Situational
	<b>Description:</b> Individual last name or organizational name				
NM104	<b>Name First</b>	O	AN	1/35	Situational
	<b>Description:</b> Individual first name				
NM105	<b>Name Middle</b>	O	AN	1/25	Situational
	<b>Description:</b> Individual middle name or initial				
NM106	<b>Name Prefix</b>	O	AN	1/10	Situational
	<b>Description:</b> Prefix to individual name				
NM107	<b>Name Suffix</b>	O	AN	1/10	Situational
	<b>Description:</b> Suffix to individual name				
NM108	<b>Identification Code Qualifier</b>	X	ID	1/2	Required
	<b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)				
	<b>Code List Summary</b> (Total Codes: 241, Included: 2)				
	<u>Code</u>	<u>Name</u>			
	IL	Standard Unique Health Identifier for each Individual in the United States			
	MI	Member Identification Number			
NM109	<b>Identification Code</b>	X	AN	2/80	Required
	<b>Description:</b> Code identifying a party or other code				

**Syntax Rules:**

1. P0809 - If either NM108 or NM109 is present, then the other is required.
2. C1110 - If NM111 is present, then NM110 is required.
3. C1203 - If NM112 is present, then NM103 is required.

**Semantics:**

1. NM102 qualifies NM103.

**Comments:**

1. NM110 and NM111 further define the type of entity in NM101.
2. NM112 can identify a second surname.

**Example:**

NM1\*IL\*1\*SMITH\*ADAM\*DANIEL\*\*\*MI\*612488452~

# REFSubscriber Supplemental Info

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2010C	Elements: 2

**User Option (Usage):** Situational

**Purpose:** To allow the transmission of secondary identification numbers when necessary to further identify the subscriber to the UMO

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	Reference Identification Qualifier	O	AN	1/1	Required

**Description:** Code designating the system/method of code structure used for Identification

**Code List Summary** (Total Codes: 241, Included: 3)

<u>Code</u>	<u>Name</u>
IL	Standard Unique Health Identifier for each Individual in the United States
MI	Member Identification Number
SY	Social Security Number

REF02	Supplemental Identifier	O	AN	1/1	Situational
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**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

## Example:

REF\*SY\*001234567~

# DMGSubscriber Demographics

Pos: 2500	Max: 1
Detail - Optional	
Loop: 2010C	Elements: 3

**User Option (Usage):** Situational

**Purpose:** To supply demographic information for the subscriber

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG01	<b>Date Time Period Qualifier</b> Description: Date Time Period Qualifier (D8)	O	AN	1/1	Required
DMG02	<b>Date of Birth</b> Description: Date of Birth	O	AN	1/1	Required
DMG03	<b>Gender Code</b> Description: Gender Code	O	AN	1/1	Required

## Example:

DMG\*D8\*19911104\*M~

# Loop Dependent Level

Pos: 0100	Repeat: 1
Optional	
Loop: 2000D	Elements: N/A

**User Option (Usage):** Situational

**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments. In those cases where the subscriber is the patient, only Loop 2000C is used.

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
0100	HL	Dependent Level	O	1		Situational
1700		Loop 2010D	O		1	Required

# HL Dependent Level

<b>Pos: 0100</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000D</b>	<b>Elements: 4</b>

**User Option (Usage):** Situational

**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	<b>Hierarchical ID Number</b>	M	AN	1/12	Required
	<b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure				
HL02	<b>Hierarchical Parent ID Number</b>	O	AN	1/12	Required
	<b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to				
HL03	<b>Hierarchical Level Code</b>	M	ID	1/2	Required
	<b>Description:</b> Code defining the characteristic of a level in a hierarchical structure				
	<b>Code List Summary</b> (Total Codes: 250, Included: 1)				
	<u>Code</u>	<u>Name</u>			
	23	Dependent			
HL04	<b>Hierarchical Child Code</b>	O	ID	1/1	Required
	<b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described				
	<b>All valid standard codes are used. (Total Codes: 2)</b>				

## Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

## Example:

HL\*3\*2\*22\*1~

# Loop Dependent Name

Pos: 1700	Repeat: 1
Optional	
Loop: 2010D	Elements: N/A

**User Option (Usage):** Situational

**Purpose:** To supply the full name of an individual or organizational entity

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
1700	NM1	Dependent Name	O	1		Required
1800	REF	Dependent Supplemental Information	O	1		Required
2500	DMG	Dependent Demographic Information	O	1		Required
2600	INS	Dependent Relationship	O	1		Required

# NM1 Dependent Name

<b>Pos: 1700</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2010D</b>	<b>Elements: 9</b>

**User Option (Usage):** Situational

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	<b>Entity Identifier Code</b>	M	ID	2/3	Required
	<b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual				
	<b>Code List Summary</b> (Total Codes: 1500, Included: 1)				
	<u>Code</u>		<u>Name</u>		
	QC		Patient		
NM102	<b>Entity Type Qualifier</b>	M	ID	1/1	Required
	<b>Description:</b> Code qualifying the type of entity				
	<b>Code List Summary</b> (Total Codes: 16, Included: 1)				
	<u>Code</u>		<u>Name</u>		
	1		Person		
NM103	<b>Name Last or Organization Name</b>	X	AN	1/60	Situational
	<b>Description:</b> Individual last name or organizational name				
NM104	<b>Name First</b>	O	AN	1/35	Situational
	<b>Description:</b> Individual first name				
NM105	<b>Name Middle</b>	O	AN	1/25	Situational
	<b>Description:</b> Individual middle name or initial				
NM106	<b>Name Prefix</b>	O	AN	1/10	Situational
	<b>Description:</b> Prefix to individual name				
NM107	<b>Name Suffix</b>	O	AN	1/10	Situational
	<b>Description:</b> Suffix to individual name				
NM108	<b>Identification Code Qualifier</b>	X	ID	1/2	Required
	<b>Description:</b> Code designating the system/method of code structure used for Identification Code (67)				
	<b>Code List Summary</b> (Total Codes: 241, Included: 2)				
	<u>Code</u>		<u>Name</u>		
	IL		Standard Unique Health Identifier for each Individual in the United States		
	MI		Member Identification Number		
NM109	<b>Identification Code</b>	X	AN	2/80	Required
	<b>Description:</b> Code identifying a party or other code				

**Syntax Rules:**

1. P0809 - If either NM108 or NM109 is present, then the other is required.
2. C1110 - If NM111 is present, then NM110 is required.
3. C1203 - If NM112 is present, then NM103 is required.

**Semantics:**

1. NM102 qualifies NM103.

**Comments:**

1. NM110 and NM111 further define the type of entity in NM101.
2. NM112 can identify a second surname.

**Example:**

NM1\*QC\*1\*LANE\*ALANA\*CONSTANCE\*\*\*MI\*612488452~

# REF Dependent Supplemental Info

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2010D	Elements: 2

**User Option (Usage):** Situational

**Purpose:** To allow the transmission of secondary identification numbers when necessary to further identify the subscriber to the UMO

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	Reference Identification Qualifier	O	AN	1/1	Required

**Description:** Code designating the system/method of code structure used for Identification

**Code List Summary** (Total Codes: 241, Included: 3)

<u>Code</u>	<u>Name</u>
IL	Standard Unique Health Identifier for each Individual in the United States
MI	Member Identification Number
SY	Social Security Number

REF02	Supplemental Identifier	O	AN	1/1	Situational
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**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

## Example:

REF\*SY\*001234567~

# DMG Dependent Demographics

Pos: 2500	Max: 1
Detail - Optional	
Loop: 2010DA	Elements: 3

**User Option (Usage):** Situational

**Purpose:** To supply demographic information for the subscriber

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG01	<b>Date Time Period Qualifier</b> <b>Description:</b> Date Time Period Qualifier (D8)	O	AN	1/1	Required
DMG02	<b>Date of Birth</b> <b>Description:</b> Date of Birth	O	AN	1/1	Required
DMG03	<b>Gender Code</b> <b>Description:</b> Gender Code	O	AN	1/1	Required

## Example:

DMG\*D8\*19911104\*M~

# INS Dependent Relationship

Pos: 2600	Max: 1
Detail - Optional	
Loop: 2010DA	Elements: 2

**User Option (Usage):** Situational

**Purpose:** The INS segment is used to convey the relationship of the dependent to the subscriber for identification purposes.

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
INS01	<b>Yes/No Condition or Response Code</b> <b>Description:</b> Code indicating a Yes or No condition or response to patient is subscriber	O	AN	1/1	Required
	<b>Code</b> <b>Name</b>				
	N        No				
	Y        Yes				
INS02	<b>Individual Relationship Code</b> <b>Description:</b> Code indicating the relationship between two individuals or entities	O	AN	1/1	Required
	<b>Code</b> <b>Name</b>				
	01        Spouse				
	19        Dependent				

## Example:

INS\*N\*19~

# Loop Patient Event Level

<b>Pos: 0100</b>	<b>Repeat: &gt;1</b>
<b>Optional</b>	
<b>Loop: 2000E</b>	<b>Elements: N/A</b>

**User Option (Usage):** Situational

**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
0100	HL	Patient Event Level	O	1		Situational
0400	UM	Health Care Services Review Information	O	1		Required
0600	REF	Previous Review Authorization Number	O	1		Situational
0700	DTP	Event Date	O	1		Situational
0800	HI	Patient Diagnosis	O	1		Situational
0900	HSD	Health Care Services Delivery	O	1		Situational
1700		Loop 2010EA	O		14	Situational

# HL Patient Event Level

<b>Pos: 0100</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000E</b>	<b>Elements: 4</b>

**User Option (Usage):** Situational

**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	<b>Hierarchical ID Number</b>	M	AN	1/12	Required
	<b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure				
HL02	<b>Hierarchical Parent ID Number</b>	O	AN	1/12	Required
	<b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to				
HL03	<b>Hierarchical Level Code</b>	M	ID	1/2	Required
	<b>Description:</b> Code defining the characteristic of a level in a hierarchical structure				
	<b>Code List Summary</b> (Total Codes: 250, Included: 1)				
	<b>Code Name</b>				
	EV		Event		
HL04	<b>Hierarchical Child Code</b>	O	ID	1/1	Required
	<b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described				
	<b>All valid standard codes are used. (Total Codes: 2)</b>				

## Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

## Example:

HL\*4\*3\*EV\*1~

# UM Health Care Services Review Information

Pos: 0400	Max: 1
Detail - Optional	
Loop: 2000E	Elements: 7

**User Option (Usage):** Required

**Purpose:** To specify health care services review information

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
UM01	<b>Request Category Code</b>	M	ID	1/2	Required
	<b>Description:</b> Code indicating a type of request				
	<b>Code List Summary</b> (Total Codes: 5, Included: 5)				
	<u>Code</u>	<u>Name</u>			
	AR	Admission Review			
	CR	Concurrent Review			
	RR	Retro Review			
	PA	Prior Auth			
	CLR	Claim Review			
UM02	<b>Certification Type Code</b>	O	ID	1/1	Required
	<b>Description:</b> Code indicating the type of certification				
	<b>Code List Summary</b> (Total Codes: 7, Included: 7)				
	<u>Code</u>	<u>Name</u>			
	1	Appeal - Immediate			
	2	Appeal - Standard			
	3	Cancel			
	4	Extension			
	I	Initial			
	R	Renewal			
	S	Revised			
UM03	<b>Service Type Code</b>	O	ID	1/2	Situational
	<b>Description:</b> Code identifying the classification of service				
	<b>Code List Summary</b> (Total Codes: 84, Included: 17)				
	<u>Code</u>	<u>Name</u>			
	1	Medical Care			
	2	Surgical			
	4	Diagnostic X-Ray			
	5	Diagnostic Lab			
	6	Radiation Therapy			
	8	Surgical Assistance			
	12	Durable Medical Equipment Purchase			



# REF Previous Review Authorization Number

Pos: 0600	Max: 1
Detail - Optional	
Loop: 2000E	Elements: 2

**User Option (Usage):** Situational  
**Purpose:** To specify identifying information

**Element Summary:**

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	Reference Identification Qualifier	M	ID	2/3	Required
<b>Description:</b> Code qualifying the Reference Identification					
<b>Code List Summary</b> (Total Codes: 1731, Included: 1)					
	<u>Code</u>	<u>Name</u>			
	BB	Authorization Number			
REF02	Reference Identification	X	AN	1/50	Required
<b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier					

**Syntax Rules:**

1. R0203 - At least one of REF02 or REF03 is required.

**Semantics:**

1. REF04 contains data relating to the value cited in REF02.

**Example:**

REF\*BB\*802372340~

# DTP Event Date

<b>Pos: 0700</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000E</b>	<b>Elements: 3</b>

**User Option (Usage):** Situational

**Purpose:** To specify any or all of a date, a time, or a time period

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	Date/Time Qualifier	M	ID	3/3	Required

**Description:** Code specifying type of date or time, or both date and time

**Code List Summary** (Total Codes: 1280, Included: 1)

**Code Name**

431	Onset of Current Illness or Symptoms
435	Admission
439	Accident

DTP02	Date Time Period Format Qualifier	M	ID	2/3	Required
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**Description:** Code indicating the date format, time format, or date and time format

**Code List Summary** (Total Codes: 42, Included: 2)

**Code Name**

D8	Date Expressed in Format CCYYMMDD
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

DTP03	Date Time Period	M	AN	1/35	Required
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**Description:** Expression of a date, a time, or range of dates, times or dates and times

## Semantics:

1. DTP02 is the date or time or period format that will appear in DTP03.

## Example:

DTP\*431\*D8\*20151104~

# HI Patient Diagnosis

<b>Pos: 0800</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000E</b>	<b>Elements: 2 12</b>

**User Option (Usage):** Situational

**Purpose:** To supply information related to the delivery of health care

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI01	<b>Health Care Code Information</b>	M	Comp		Required
	<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
HI01-01	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
	<b>Description:</b> Code identifying a specific industry code list				
	<b>Code List Summary</b> (Total Codes: 948, Included: 8)				
	<b>Code Name</b>				
	BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis			
	BJ	International Classification of Diseases Clinical Modification (ICD-9-CM) Admitting Diagnosis			
	BK	International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis			
	PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit			
	ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis			
	ABJ	International Classification of Diseases Clinical Modification (ICD-10-CM) Admitting Diagnosis			
	ABK	International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis			
	APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit			
HI01-02	<b>Industry Code</b>	M	AN	1/30	Required
	<b>Description:</b> Code indicating a code from a specific industry code list				
	<b>Code Name</b>				
	131D	International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)			
	897	International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)			
HI01-03	<b>Date Time Period Format Qualifier</b>	X	ID	2/3	Situational
	<b>Description:</b> Code indicating the date format, time format, or date and time format				
	<b>Code List Summary</b> (Total Codes: 42, Included: 1)				
	<b>Code Name</b>				
	D8	Date Expressed in Format CCYYMMDD			
HI01-04	<b>Date Time Period</b>	X	AN	1/35	Situational
	<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI02	<b>Health Care Code Information</b>	O	Comp		Situational
	<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
HI02-01	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
	<b>Description:</b> Code identifying a specific industry code list				
	<b>Code List Summary</b> (Total Codes: 948, Included: 6)				
	<b><u>Code</u></b>	<b><u>Name</u></b>			
	BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis			
	BJ	International Classification of Diseases Clinical Modification (ICD-9-CM) Admitting Diagnosis			
	PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit			
	ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis			
	ABJ	International Classification of Diseases Clinical Modification (ICD-10-CM) Admitting Diagnosis			
	APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit			
HI02-02	<b>Industry Code</b>	M	AN	1/30	Required
	<b>Description:</b> Code indicating a code from a specific industry code list				
	<b><u>Code</u></b>	<b><u>Name</u></b>			
	131D	International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)			
	897	International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)			
HI02-03	<b>Date Time Period Format Qualifier</b>	X	ID	2/3	Situational
	<b>Description:</b> Code indicating the date format, time format, or date and time format				
	<b>Code List Summary</b> (Total Codes: 42, Included: 1)				
	<b><u>Code</u></b>	<b><u>Name</u></b>			
	D8	Date Expressed in Format CCYYMMDD			
HI02-04	<b>Date Time Period</b>	X	AN	1/35	Situational
	<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
HI03	<b>Health Care Code Information</b>	O	Comp		Situational
	<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
HI03-01	<b>Code List Qualifier Code</b>	M	ID	1/3	Required
	<b>Description:</b> Code identifying a specific industry code list				
	<b>Code List Summary</b> (Total Codes: 948, Included: 4)				
	<b><u>Code</u></b>	<b><u>Name</u></b>			
	BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis			
	PR	International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit			
	ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis			
	APR	International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit			

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI03-02		<b>Industry Code</b>	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				
		<b>Code</b>		<b>Name</b>		
		131D		International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
		897		International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
HI03-03		<b>Date Time Period Format Qualifier</b>	X	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>Code List Summary</b> (Total Codes: 42, Included: 1)				
		<b>Code</b>		<b>Name</b>		
		D8		Date Expressed in Format CCYYMMDD		
HI03-04		<b>Date Time Period</b>	X	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
HI04		<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
HI04-01		<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Code List Summary</b> (Total Codes: 948, Included: 4)				
		<b>Code</b>		<b>Name</b>		
		BF		International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis		
		PR		International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit		
		ABF		International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis		
		APR		International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit		
HI04-02		<b>Industry Code</b>	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				
		<b>Code</b>		<b>Name</b>		
		131D		International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
		897		International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
HI04-03		<b>Date Time Period Format Qualifier</b>	X	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>Code List Summary</b> (Total Codes: 42, Included: 1)				
		<b>Code</b>		<b>Name</b>		
		D8		Date Expressed in Format CCYYMMDD		
HI04-04		<b>Date Time Period</b>	X	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI05		<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
HI05-01		<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Code List Summary</b> (Total Codes: 948, Included: 4)				
		<b><u>Code</u></b>		<b><u>Name</u></b>		
		BF		International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis		
		PR		International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit		
		ABF		International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis		
		APR		International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit		
HI05-02		<b>Industry Code</b>	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				
		<b><u>Code</u></b>		<b><u>Name</u></b>		
		131D		International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
		897		International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
HI05-03		<b>Date Time Period Format Qualifier</b>	X	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>Code List Summary</b> (Total Codes: 42, Included: 1)				
		<b><u>Code</u></b>		<b><u>Name</u></b>		
		D8		Date Expressed in Format CCYYMMDD		
HI05-04		<b>Date Time Period</b>	X	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
HI06		<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
HI06-01		<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Code List Summary</b> (Total Codes: 948, Included: 4)				
		<b><u>Code</u></b>		<b><u>Name</u></b>		
		BF		International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis		
		PR		International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit		
		ABF		International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis		
		APR		International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit		

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI06-02		<b>Industry Code</b>	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				
		<b>Code</b>		<b>Name</b>		
		131D		International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
		897		International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
HI06-03		<b>Date Time Period Format Qualifier</b>	X	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>Code List Summary</b> (Total Codes: 42, Included: 1)				
		<b>Code</b>		<b>Name</b>		
		D8		Date Expressed in Format CCYYMMDD		
HI06-04		<b>Date Time Period</b>	X	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
HI07		<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
HI07-01		<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Code List Summary</b> (Total Codes: 948, Included: 4)				
		<b>Code</b>		<b>Name</b>		
		BF		International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis		
		PR		International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit		
		ABF		International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis		
		APR		International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit		
HI07-02		<b>Industry Code</b>	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				
		<b>Code</b>		<b>Name</b>		
		131D		International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
		897		International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
HI07-03		<b>Date Time Period Format Qualifier</b>	X	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>Code List Summary</b> (Total Codes: 42, Included: 1)				
		<b>Code</b>		<b>Name</b>		
		D8		Date Expressed in Format CCYYMMDD		
HI07-04		<b>Date Time Period</b>	X	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI08		<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
HI08-01		<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Code List Summary</b> (Total Codes: 948, Included: 4)				
		<b><u>Code</u> <u>Name</u></b>				
		BF				International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
		PR				International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit
		ABF				International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis
		APR				International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit
HI08-02		<b>Industry Code</b>	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				
		<b><u>Code</u> <u>Name</u></b>				
		131D				International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
		897				International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
HI08-03		<b>Date Time Period Format Qualifier</b>	X	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>Code List Summary</b> (Total Codes: 42, Included: 1)				
		<b><u>Code</u> <u>Name</u></b>				
		D8				Date Expressed in Format CCYYMMDD
HI08-04		<b>Date Time Period</b>	X	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
HI09		<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
HI09-01		<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Code List Summary</b> (Total Codes: 948, Included: 4)				
		<b><u>Code</u> <u>Name</u></b>				
		BF				International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
		PR				International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit
		ABF				International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis
		APR				International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit
HI09-02		<b>Industry Code</b>	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				
		<b><u>Code</u> <u>Name</u></b>				
		131D				International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
		897				International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI09-03		<b>Date Time Period Format Qualifier</b>	X	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>Code List Summary</b> (Total Codes: 42, Included: 1)				
		<b><u>Code</u> <u>Name</u></b>				
		D8				Date Expressed in Format CCYYMMDD
HI09-04		<b>Date Time Period</b>	X	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
HI10		<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
HI10-01		<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Code List Summary</b> (Total Codes: 948, Included: 4)				
		<b><u>Code</u> <u>Name</u></b>				
		BF				International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis
		PR				International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit
		ABF				International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis
		APR				International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit
HI10-02		<b>Industry Code</b>	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				
		<b><u>Code</u> <u>Name</u></b>				
		131D				International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)
		897				International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
HI10-03		<b>Date Time Period Format Qualifier</b>	X	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>Code List Summary</b> (Total Codes: 42, Included: 1)				
		<b><u>Code</u> <u>Name</u></b>				
		D8				Date Expressed in Format CCYYMMDD
HI10-04		<b>Date Time Period</b>	X	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
HI11		<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI11-01		<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Code List Summary</b> (Total Codes: 948, Included: 4)				
		<b><u>Code</u></b>		<b><u>Name</u></b>		
		BF		International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis		
		PR		International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit		
		ABF		International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis		
		APR		International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit		
HI11-02		<b>Industry Code</b>	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				
		<b><u>Code</u></b>		<b><u>Name</u></b>		
		131D		International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
		897		International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
HI11-03		<b>Date Time Period Format Qualifier</b>	X	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>Code List Summary</b> (Total Codes: 42, Included: 1)				
		<b><u>Code</u></b>		<b><u>Name</u></b>		
		D8		Date Expressed in Format CCYYMMDD		
HI11-04		<b>Date Time Period</b>	X	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				
HI12		<b>Health Care Code Information</b>	O	Comp		Situational
		<b>Description:</b> To send health care codes and their associated dates, amounts and quantities				
HI12-01		<b>Code List Qualifier Code</b>	M	ID	1/3	Required
		<b>Description:</b> Code identifying a specific industry code list				
		<b>Code List Summary</b> (Total Codes: 948, Included: 4)				
		<b><u>Code</u></b>		<b><u>Name</u></b>		
		BF		International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis		
		PR		International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit		
		ABF		International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis		
		APR		International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit		
HI12-02		<b>Industry Code</b>	M	AN	1/30	Required
		<b>Description:</b> Code indicating a code from a specific industry code list				
		<b><u>Code</u></b>		<b><u>Name</u></b>		
		131D		International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
		897		International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI12-03		<b>Date Time Period Format Qualifier</b>	X	ID	2/3	Situational
		<b>Description:</b> Code indicating the date format, time format, or date and time format				
		<b>Code List Summary</b> (Total Codes: 42, Included: 1)				
		<b><u>Code</u> <u>Name</u></b>				
		D8      Date Expressed in Format CCYYMMDD				
HI12-04		<b>Date Time Period</b>	X	AN	1/35	Situational
		<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times				

**Example:**

HI\*ABF:S24.151S\*D8\*20151101~

# HSD Health Care Services Delivery

Pos: 0900	Max: 1
Detail - Optional	
Loop: 2000E	Elements: 6

**User Option (Usage):** Situational

**Purpose:** To specify the delivery pattern of health care services

**Element Summary:**

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HSD01	Quantity Qualifier	X	ID	2/2	Situational

**Description:** Code specifying the type of quantity

**Code List Summary** (Total Codes: 1123, Included: 6)

<u>Code</u>	<u>Name</u>
DY	Days
FL	Units
HR	Hours
MN	Minutes
MO	Months
VS	Visits

HSD02	<b>Quantity</b>	X	R	1/15	Situational
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**Description:** Numeric value of quantity

HSD03	<b>Unit or Basis for Measurement Code</b>	O	ID	2/2	Situational
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**Description:** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

**Code List Summary** (Total Codes: 844, Included: 6)

<u>Code</u>	<u>Name</u>
DY	Days
FL	Units
HR	Hours
MN	Minutes
MO	Months
VS	Visits

HSD04	<b>Sample Selection Modulus</b>	O	R	1/6	Situational
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**Description:** To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HSD05		<b>Time Period Qualifier</b>	X	ID	1/2	Situational

**Description:** Code defining periods

**Code List Summary** (Total Codes: 38, Included: 8)

<u>Code</u>	<u>Name</u>
HR	Hour
DY	Day
WK	Weekly
BW	Bi-Weekly
MO	Monthly
QR	Quarterly
YR	Yearly
FY	Fiscal Year

HSD06		<b>Number of Periods</b>	O	N0	1/3	Situational
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**Description:** Total number of periods

**Syntax Rules:**

1. P0102 - If either HSD01 or HSD02 is present, then the other is required.
2. C0605 - If HSD06 is present, then HSD05 is required.

**Example:**

HSD\*VS\*5\*MO~

# Loop Patient Event Provider Name

Pos: 1700	Repeat: 14
Optional	
Loop: 2010EA	Elements: N/A

**User Option (Usage):** Situational

**Purpose:** To supply the full name of an individual or organizational entity

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
1700	NM1	Patient Event Provider Name	O	1		Situational
2200	PER	Provider Contact Information	O	1		Situational

# NM1 Patient Event Provider Name

Pos: 1700	Max: 1
Detail - Optional	
Loop: 2010EA	Elements: 9

**User Option (Usage):** Situational

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	<b>Entity Identifier Code</b>	M	ID	2/3	Required

**Description:** Code identifying an organizational entity, a physical location, property or an individual

**Code List Summary** (Total Codes: 11, Included: 11)

<u>Code</u>	<u>Name</u>
AT	Attending Physician
PE	Performing Physician
OT	Other Physician
AD	Admitting Physician
OR	Ordering Physician
RF	Referring Provider
FA	Facility
1P	Provider
PC	Primary Care Provider
CO	Consulting
QV	Group Practice

NM102	<b>Entity Type Qualifier</b>	M	ID	1/1	Required
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**Description:** Code qualifying the type of entity

**Code List Summary** (Total Codes: 16, Included: 2)

<u>Code</u>	<u>Name</u>
1	Person
2	Non-Person Entity

NM103	<b>Name Last or Organization Name</b>	X	AN	1/60	Situational
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**Description:** Individual last name or organizational name

NM104	<b>Name First</b>	O	AN	1/35	Situational
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**Description:** Individual first name

NM105	<b>Name Middle</b>	O	AN	1/25	Situational
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**Description:** Individual middle name or initial

NM106	<b>Name Prefix</b>	O	AN	1/10	Situational
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**Description:** Prefix to individual name

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM107	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name	O	AN	1/10	Situational
NM108	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>Code List Summary</b> (Total Codes: 241, Included: 4) <b>Code Name</b> 24 Employer's Identification Number 34 Social Security Number 46 Electronic Transmitter Identification Number (ETIN) XX Centers for Medicare and Medicaid Services National Provider Identifier	X	ID	1/2	Situational
NM109	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>External Code List</b> <b>Name:</b> 537 <b>Description:</b> Centers for Medicare and Medicaid Services National Provider Identifier	X	AN	2/80	Situational

**Syntax Rules:**

1. P0809 - If either NM108 or NM109 is present, then the other is required.
2. C1110 - If NM111 is present, then NM110 is required.
3. C1203 - If NM112 is present, then NM103 is required.

**Semantics:**

1. NM102 qualifies NM103.

**Comments:**

1. NM110 and NM111 further define the type of entity in NM101.
2. NM112 can identify a second surname.

**Example:**

NM1\*AT\*1\*WERNER\*RANDOLPH\*NATHANIEL\*\*\*XX\*837078337~

# PER Provider Contact Information

Pos: 2200	Max: 1
Detail - Optional	
Loop: 2010EA	Elements: 8

**User Option (Usage):** Situational

**Purpose:** To identify a person or office to whom administrative communications should be directed

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	<b>Contact Function Code</b>	IM	ID	2/2	Required
<b>Description:</b> Code identifying the major duty or responsibility of the person or group named					
<b>Code List Summary</b> (Total Codes: 238, Included: 1)					
<u>Code</u> <u>Name</u>					
IC Information Contact					
PER02	<b>Name</b>	O	AN	1/60	Situational
<b>Description:</b> Free-form name					
PER03	<b>Communication Number Qualifier</b>	X	ID	2/2	Situational
<b>Description:</b> Code identifying the type of communication number					
<b>Code List Summary</b> (Total Codes: 42, Included: 4)					
<u>Code</u> <u>Name</u>					
EM Electronic Mail					
FX Facsimile					
TE Telephone					
UR Uniform Resource Locator (URL)					
PER04	<b>Communication Number</b>	X	AN	1/256	Situational
<b>Description:</b> Complete communications number including country or area code when applicable					
PER05	<b>Communication Number Qualifier</b>	X	ID	2/2	Situational
<b>Description:</b> Code identifying the type of communication number					
<b>Code List Summary</b> (Total Codes: 42, Included: 5)					
<u>Code</u> <u>Name</u>					
EM Electronic Mail					
EX Telephone Extension					
FX Facsimile					
TE Telephone					
UR Uniform Resource Locator (URL)					
PER06	<b>Communication Number</b>	X	AN	1/256	Situational
<b>Description:</b> Complete communications number including country or area code when applicable					

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER07		<b>Communication Number Qualifier</b>	X	ID	2/2	Situational

**Description:** Code identifying the type of communication number

**Code List Summary** (Total Codes: 42, Included: 5)

**Code Name**

EM Electronic Mail  
EX Telephone Extension  
FX Facsimile  
TE Telephone  
UR Uniform Resource Locator (URL)

PER08		<b>Communication Number</b>	X	AN	1/256	Situational
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**Description:** Complete communications number including country or area code when applicable

## Syntax

### Rules:

1. P0304 - If either PER03 or PER04 is present, then the other is required.
2. P0506 - If either PER05 or PER06 is present, then the other is required.
3. P0708 - If either PER07 or PER08 is present, then the other is required.

### Example:

PER\*IC\*JIM\*TE\*0257951115\*FX\*0940634135~

# Loop Service Level

Pos: 0100	Repeat: >1
Optional	
Loop: 2000F	Elements: N/A

**User Option (Usage):** Situational

**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
0100	HL	Service Level	O	1		Situational
0400	UM	Health Care Services Review Information	O	1		Situational
0600	REF	Previous Review Authorization Number	O	1		Situational
0700	DTP	Certification Issue Date	O	1		Recommend
0800	SV1	Professional Service	O	1		Situational

# HL Service Level

<b>Pos: 0100</b>	<b>Max: 1</b>
<b>Detail - Optional</b>	
<b>Loop: 2000F</b>	<b>Elements: 4</b>

**User Option (Usage):** Situational

**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	<b>Hierarchical ID Number</b>	M	AN	1/12	Required
	<b>Description:</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure				
HL02	<b>Hierarchical Parent ID Number</b>	O	AN	1/12	Required
	<b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to				
HL03	<b>Hierarchical Level Code</b>	M	ID	1/2	Required
	<b>Description:</b> Code defining the characteristic of a level in a hierarchical structure				
	<b>Code List Summary</b> (Total Codes: 250, Included: 1)				
	<b>Code Name</b>				
	SS Services				
HL04	<b>Hierarchical Child Code</b>	O	ID	1/1	Required
	<b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described				
	<b>Code List Summary</b> (Total Codes: 2, Included: 1)				
	<b>Code Name</b>				
	0 No Subordinate HL Segment in This Hierarchical Structure.				

## Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
2. The HL segment defines a top-down/left-right ordered structure.
3. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
4. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
5. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
6. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

## Example:

HL \*5\*4\*SS\*0~

# UM Health Care Services Review Information

Pos: 0400	Max: 1
Detail - Optional	
Loop: 2000F	Elements: 6

**User Option (Usage):** Situational

**Purpose:** To specify health care services review information

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
UM01	<b>Request Category Code</b>	M	ID	1/2	Required
	<b>Description:</b> Code indicating a type of request				
	<b>Code List Summary</b> (Total Codes: 7, Included: 2)				
	<b>Code Name</b>				
	HS				Health Services Review
	SC				Specialty Care Review
UM02	<b>Certification Type Code</b>	O	ID	1/1	Situational
	<b>Description:</b> Code indicating the type of certification				
	<b>Code List Summary</b> (Total Codes: 15, Included: 8)				
	<b>Code Name</b>				
	1				Appeal - Immediate
	2				Appeal - Standard
	3				Cancel
	4				Extension
	I				Initial
	R				Renewal
	S				Revised
UM03	1365 <b>Service Type Code</b>	O	ID	1/2	Situational
	<b>Description:</b> Code identifying the classification of service				
	<b>Code List Summary</b> (Total Codes: 84, Included: 17)				
	<b>Code Name</b>				
	1				Medical Care
	2				Surgical
	4				Diagnostic X-Ray
	5				Diagnostic Lab
	6				Radiation Therapy
	8				Surgical Assistance
	12				Durable Medical Equipment Purchase

<u>Code</u>	<u>Name</u>
14	Renal Supplies in the Home
16	Chronic Renal Disease (CRD) Equipment
17	Pre-Admission Testing
18	Durable Medical Equipment Rental
20	Second Surgical Opinion
21	Third Surgical Opinion
23	Diagnostic Dental
24	Periodontics
25	Restorative
26	Endodontics

UM04 **Health Care Service Location Information** O Comp Situational

**Description:** To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered

UM04-01 **Facility Code Value** M AN 1/2 Required

**Description:** Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services.

**External Code List**

**Name:** 236

**Description:** Uniform Billing Claim Form Bill Type

**External Code List**

**Name:** 237

**Description:** Place of Service Codes for Professional Claims

UM04-02 **Facility Code Qualifier** O ID 1/2 Required

**Description:** Code identifying the type of facility referenced

**Code List Summary** (Total Codes: 2, Included: 2)

**Code Name**

A	Uniform Billing Claim Form Bill Type
B	Place of Service Codes for Professional or Dental Services

**Example:**

UM\*HS\*I\*1\*21\*237\*B~

# REF Previous Review Authorization Number

Pos: 0600	Max: 1
Detail - Optional	
Loop: 2000F	Elements: 2

**User Option (Usage):** Situational

**Purpose:** To specify identifying information

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	Reference Identification Qualifier	M	ID	2/3	Required
	<b>Description:</b> Code qualifying the Reference Identification				
	<b>Code List Summary</b> (Total Codes: 1731, Included: 1)				
	<b>Code Name</b>				
	BB		Authorization Number		
REF02	Reference Identification	X	AN	1/50	Required
	<b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				

## Example:

REF\*BB\*802372340~

# DTP Certification Issue Date

Pos: 0700	Max: 1
Detail - Optional	
Loop: 2000F	Elements: 3

**User Option (Usage):** Recommended

**Purpose:** To specify any or all of a date, a time, or a time period

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	Date/Time Qualifier	M	ID	3/3	Required
<p><b>Description:</b> Code specifying type of date or time, or both date and time</p> <p><b>Code List Summary</b> (Total Codes: 1280, Included: 1)</p> <p><u>Code</u> <u>Name</u></p> <p>102 Issue</p>					
DTP02	Date Time Period Format Qualifier	M	ID	2/3	Required
<p><b>Description:</b> Code indicating the date format, time format, or date and time format</p> <p><b>Code List Summary</b> (Total Codes: 42, Included: 1)</p> <p><u>Code</u> <u>Name</u></p> <p>D8 Date Expressed in Format CCYYMMDD</p>					
DTP03	Date Time Period	M	AN	1/35	Required
<p><b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times</p>					

## Semantics:

1. DTP02 is the date or time or period format that will appear in DTP03.

## Example:

DTP\*102\*D8\*20151108~

# SV1 Professional Service

Pos: 0800	Max:
Detail - Optional	
Loop: 2000F	Elements: 4

**User Option (Usage):** Recommended

**Purpose:** To identify procedure codes

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SV101	<b>Product/Service ID Qualifier</b>	M	ID	1/4	Required
	<b>Description:</b> Product/Service ID Qualifier				
SV102	<b>Product/Service ID</b>	M	ID	1/4	Required
	<b>Description:</b> Procedure Code				
SV103	<b>Unit or basis for measurement code</b>	M	ID	1/4	Required
	<b>Description:</b> If entering visits for outpatient (HS), this field must have the value of UN.				
SV104	<b>Quantity</b>	M	ID	1/4	Required

**Description:** For outpatient (HS) only, enter number of visits associated with each procedure code. A maximum of 99 visits per procedure code.

## Example:

SV1\*HS\*62280\*UN\*1\*~

# MSG Message Text

Pos: 1600	Max:
Detail - Optional	
Loop: 2000F	Elements: 1

**User Option (Usage):** Recommended

**Purpose:** This section is for clinical information notes.

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
MSG01	Free Form Message Text	M	ID	1/4	Required

**Description:** Clinical information notes.

## Example:

MSG\*This is a free-form test message~

# SE Transaction Set Trailer

Pos: 2800	Max: 1
Detail - Mandatory	
Loop: N/A	Elements: 2

**User Option (Usage):** Required

**Purpose:** To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

## Element Summary:

<u>Ref</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SE01	<b>Number of Included Segments</b>	M	N0	1/10	Required
	<b>Description:</b> Total number of segments included in a transaction set including ST and SE segments				
SE02	<b>Transaction Set Control Number</b>	M	AN	4/9	Required
	<b>Description:</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set				

## Comments:

- SE is the last segment of each transaction set.

## Example:

SE\*62\*918171340~